FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. [redacted]
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 DEC 23 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004142

1. Corporation Name: HOPE BIBLE Baptist Church

Principal Place of Business / Mailing Address:

HOPE BIBLE BAPTIST CHURCH
16820 NW 18TH AVE.
CAROL CITY FL. 33056 PH. 625-3815

2. Principal Place of Business
21: 16820 N.W. 18th AVE
Suite, Apt. #, etc.: 22:
City & State: 23: Carol City
Zip: 24: 33056 Country: 25: DADE

2a. Mailing Address
26: 17021 N.W. 18th AVE
Suite, Apt. #, etc.: 27:
City & State: 28: Carol City Fl.
Zip: 29: 33056 Country: 30: DADE

3. Date Incorporated or Qualified: August 29, 1995
3a. Date of Last Report: 1996
4. FEI Number: ☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired: ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☒ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes ☒ No

9. Name and Address of Current Registered Agent
(D) NORMA HARRIS Pastor / President
17021 N.W. 18th AVENUE
Carol City Fl. 33056

10. Name and Address of New Registered Agent
81 Name: NORMA HARRIS Pastor / President
82 Street Address (P.O. Box Number is Not Acceptable): 17021 N.W. 18th AVENUE
83:
84 City: Carol City FL 85 Zip Code: 33056

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Norma Harris Pastor / President — NORMA HARRIS — 9-8-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY CATHAILINA Tulton 8300 N.E. 4th PLACE Miami Fl. 33138	☒ DELETE	12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	800002384418--8 -12/29/97--01071--005 *****75.00 ☐ *****[illegible].00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER JOHNATHAN SAFFOLD 2442 N.W. 170 Street Carol City Fl. 33057	☒ DELETE	31 TITLE (D) 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	TREASURER ☐ Change ☒ Addition CAROL BARNES 17640 N.W. 37 AVENUE Carol City Florida 33056
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASS'T. SECRETARY JOHN H. HARRIS JR 17021 N.W. 18th AVENUE Carol City Fl. 33056	☒ DELETE	41 TITLE 42 NAME (D) 43 STREET ADDRESS 44 CITY-ST-ZIP	SECRETARY ☐ Change ☒ Addition SHAQUIVIA AIVIN 611 N.W. 177 STREET Miami, Florida 33169
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE 52 NAME (D) 53 STREET ADDRESS 54 CITY-ST-ZIP	CHARMN TRUSTEE BOARD ☐ Change ☒ Addition WILLIE JAMES HOLMES 3140 N.W 157 TERR OPA-LOCKA FLORIDA 33054
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition G. Allen 12/24/97

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: NORMA HARRIS / Norma Harris pastor — 9-8-97 — 305-621-2669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)